



AT A GLANCE

Preventive Health & Health Services Block Grant

An Essential Public Health Resource 2006



“The PHHS Block Grant is the only source of funding for a range of disease interventions that are important to the public but which do not have designated funding. It also allows states to address the underlying causes of the major chronic disease killers—cardiovascular disease, diabetes, stroke, and cancer.”

*J. Nick Baird, MD
Director, Ohio Department of Health*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION**

The Role of Block Grant Funding

In 1981, Congress authorized the Preventive Health & Health Services (PHHS) Block Grant. The PHHS Block Grant gives its 61 grantees (50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories) the autonomy and flexibility to tailor prevention and health promotion programs to their particular public health needs. States are expected to align their programs with *Healthy People 2010* national health goals. This critical public health resource is used to

- Address basic health issues such as water fluoridation, food safety, and preventing falls among the elderly.
- Respond rapidly to emerging health threats in states.
- Fund critical prevention efforts to address specific health issues, such as skin cancer, child safety, and untreated dental decay, that lack categorical state funding.
- Protect investments in and increase the effectiveness of categorically funded programs that address specific health problems.
- Leverage small amounts of money for greater impact.

Flexible Funding for Public Health Efforts

As states continue to undergo significant budget cuts, they must make every dollar count to meet the needs of their residents. The PHHS Block Grant allows states to target funds to address chronic diseases such as diabetes, arthritis, heart disease, and stroke or to direct funds to meet the

PHHS Block Grants, Fiscal Year 2005

- 73% filled gaps in critical public health activities funded through other federal and state resources.
- 22% provided the only funding to address a priority health problem.
- 3% helped to start new projects.
- 2% allowed rapid responses to emerging public health problems.

challenges of outbreaks of infectious diseases such as SARS and West Nile Virus.

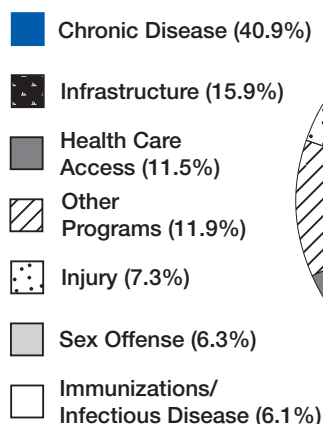
Funding Local Communities

The PHHS Block Grant is a significant source of funding for health promotion and disease and injury prevention in communities across the nation. Nearly 42% of these funds are distributed by states to local governments and organizations to address local public health problems.

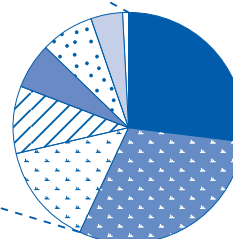
For example, over the past 2 years, Kentucky has given \$75,000 of its PHHS Block Grant funding to Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physicians Care program to address the health care needs of the poor and uninsured.

PHHS Block Grant Funding, Fiscal Year 2005

By Health Program



Chronic Disease Programs



By Chronic Disease Program

In Massachusetts, the PHHS Block Grant funds a community health program that immunizes refugees and immigrants for hepatitis B, tuberculosis, and other communicable diseases. It also supports a program that promotes and administers flu shots to older adults.

Leveraging Block Grant Funds

PHHS Block Grant funds also have provided start-up money for programs that now are supported by other sources. These programs have become self-sustaining, which allows PHHS Block Grant funds to be redirected to other public health priorities. For example, New Jersey started its prostate cancer outreach and education program with \$250,000 from the PHHS Block Grant. The program currently receives \$900,000 in state funds each year to provide education to more than 12,000 men and prostate cancer screening to 1,918 men.

Rhode Island used PHHS Block Grant funds to start several programs to promote physical activity and work site wellness. These programs now receive extensive in-kind support from private organizations. In Connecticut, state funds fully support the Occupational Health Program and the Water Supplies Program, both of which were started with PHHS Block Grants.

CDC's Leadership Role

CDC plays a vital role in ensuring that states are accountable for the use of funds and that state block grant coordinators have the necessary knowledge and skills.

Developing the Electronic Grant Application and Reporting System (GARS)

The PHHS Block Grant legislation changed in 1994 to require states to submit a state plan that includes selected health objectives from *Healthy People 2000/2010*, descriptions of health problems, target populations, and planned activities. To help track states' progress toward achieving their objectives, CDC worked with the states to develop the electronic Grant Application and Reporting System (GARS). This accountability tool helps to focus interventions on specific health problems and ensure that grantees are responsible for outcomes.

GARS software can perform the following functions:

- Tie award amounts to national *Healthy People 2010* objectives and establish state-level health status objectives that reflect national goals.
- Describe health problems and their associated target populations.

Meeting Health Care Needs When No Other Funds Exist

In Puerto Rico, the PHHS Block Grant is being used to address a leading public health problem—the high rate of diabetes among Hispanics. In 2003, the grant provided the sole funding for a pilot health literacy intervention called Know Your Health. This intervention targeted people with type 2 diabetes who live in three socially isolated, economically disadvantaged communities in Puerto Rico. Know Your Health sought to improve participants' knowledge of diabetes, their diet and physical activity levels, and their ability to manage their own blood sugar levels and perform self-evaluations.

After completing the four required educational sessions, participants' knowledge about diabetes had increased by 15.7%, and their blood glucose levels had improved as well. In addition, a follow-up survey indicated that participants' visits to emergency rooms for diabetes complications had decreased by 35%. Since 2003, the Know Your Health project has expanded to 30 additional communities. As of January 2005, a total of 850 people with type 2 diabetes had participated.

- Describe impact and outcome objectives.
- Allow states to relate program activities to public health's 10 essential services, as identified by the Institute of Medicine.
- Allow states to identify the PHHS Block Grant's role in funding health priorities.
- Enable states to complete an electronic annual report that describes changes in health objectives and progress toward completing program activities.

"As progress is made in identifying associated disease risk factors and local disparities, the PHHS Block Grant is the first and often only funding to be made available to address new issues in a timely fashion."

Gregg A. Pane, MD

Director

District of Columbia Department of Health

The PHHS Block Grant in Action

Alaska

Obesity is a major contributor to chronic diseases such as heart disease, diabetes, arthritis, and some types of cancer. It is also a serious public health concern in Alaska. About 70% of Alaskan men and nearly 51% of Alaskan women are overweight or obese (BRFSS, 2002). In addition, only 58.1% of Alaska adults engage in either 1) 30 minutes or more of moderate physical activity five or more days a week or 2) 20 minutes or more of vigorous physical activity three or more days a week (BRFSS, 2003). With support from the PHHS Block Grant, the Central Peninsula General Hospital in Soldotna, Alaska, launched a 10,000 Steps-A-Day walking program for low-income patients. Since the program began in 2003, participants have reported 396,236,886 steps (198,118 miles). Sixty-two percent of participants who reported their physical activity level at the end of the program said they were exercising 30 or more minutes a day at least 3 days a week. Of the 215 participants who reported their weight, 134 (62%) said they had lost weight.

Nevada

In 2004, a tuberculosis (TB) outbreak occurred in Lake Tahoe, Nevada. Active TB infection was diagnosed in one local resident and two California residents. Two of the three were casino employees at popular local resorts. The outbreak occurred during a critical statewide nursing shortage. Nevada used part of its PHHS Block Grant to fund a Community Health Nursing Program to cope with the statewide nursing shortage and to implement TB control activities in rural Nevada. Community health nurses quickly provided case management services, met with TB patients to help them remember to take their medications, and screened casino employees. They found 35 workers with positive skin tests and conducted follow-up screening and treatment for latent TB infection among affected workers. The PHHS Block Grant helped provide health care professionals during a critical time and prevented a larger TB outbreak.

Mississippi

Within a 9-day period in February 2003, six children aged 7–14 living in one small town in Mississippi had a confirmed or probable diagnosis of invasive bacterial meningitis. This form of meningitis has a fatality rate of 40%. It also profoundly affects the long-term health of survivors, often causing

permanent neurological deficits such as hearing loss, speech disorders, loss of limbs, mental retardation, and paralysis. The infection is spread through the exchange of respiratory and throat secretions.

Because of the PHHS Block Grant, Mississippi was able to quickly fund activities critical to diagnosing and treating this disease. Over 4 days, antibiotics were administered to all close contacts of the affected children. Vaccinations were offered to students, teachers, and staff members in the local school system, and the outbreak was contained. No fatalities occurred, and no secondary cases were identified.

Pennsylvania

In Pennsylvania, more than 6,000 people are waiting for an organ or tissue transplant. Of this group, about 63% have been waiting for more than 1 year, and nearly 15% have been waiting for more than 5 years.

To encourage organ and tissue donation, the state used PHHS Block Grant funds to help the Pennsylvania Department of Health collaborate with other state agencies and two organ procurement groups, the Center for Organ Recovery & Education (CORE) and the Gift of Life Donor Program. This initiative began in 2003, and as of September 2004, more than one-third of state drivers had designated themselves as organ or tissue donors on their driver's license or identification card. Each donor can potentially save or enhance the lives of as many as 50 people and take as many as 8 people off a waiting list.

West Virginia

West Virginia faces many challenges in providing prehospital emergency care, including a lack of emergency medical services (EMS) resources and the state's mountainous topography. In particular, few resources exist to meet the special EMS needs of children, which include issues related to consent, immunization status, and screening for maltreatment. The PHHS Block Grant provides 62% of the funding for West Virginia's EMS for Children program, which has developed statewide Acute Life Support protocols for children under age 12 years. The information is distributed to medical personnel who direct emergency medical technicians and paramedics who respond to pediatric emergencies.

For more information or additional copies of this document, please contact
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop K-30, Atlanta, GA 30341-3717
Telephone: (770) 488-5080 • E-mail: ccdinfo@cdc.gov • Web: <http://www.cdc.gov/nccdpdp>